

SERIAL NUMBER 09/247,219	FILING DATE 02/10/99	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 862.004US1
-----------------------------	-------------------------	--------------	------------------------	-----------------------------------

APPLICANT

PEGGY M. TOMASULA, TITUSVILLE, NJ.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

P.D.

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

P.D.

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

P.D.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/25/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>P.D.</u> Examiner's Initials Initials					

ADDRESS

JOSEPH A LIPOVSKY  
USDA ARS OTT NATIONAL CENTER FOR  
AGRICULTURAL UTILIZATION RESEARCH  
1815 NORTH UNIVERSITY STREET  
PEORIA IL 61604

TITLE

PRODUCTION OF HIGH PROTEIN CONCENTRATES

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7387

SERIAL NUMBER 09/247,219	FILING DATE 02/10/1999  RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 862.004US1	
<b>APPLICANTS</b>  PEGGY M. TOMASULA, TITUSVILLE, NJ;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 25712 USDA-ARS-OFFICE OF TECHNOLOGY TRANSFER NATIONAL CTR FOR AGRICULTURAL UTILIZATION RESEARCH 1815 N. UNIVERSITY STREET PEORIA , IL 61604					
<b>TITLE</b> PRODUCTION OF HIGH PROTEIN CONCENTRATES					
FILING FEE  RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		